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U. S. DISTRICT COURT
EASTERN DISTRICT OF MO
ST. LOUIS

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MISSOURI
DIVISION

Plaintiff(s), Liana Suzuki Tyrey

The Rehabilitation Institute of St. Louis
Encompass Health
BTC Health

Defendant(s). (Enter above the full name(s)
of all defendants in this lawsuit. Please
attach additional sheets if necessary.)

Case No.

(to be assigned by Clerk of District Court)

JURY TRIAL DEMANDED

YES ☒ NO ☐

EMPLOYMENT DISCRIMINATION COMPLAINT

1. This employment discrimination lawsuit is based on (check only those that apply):



Title VII of the Civil Rights Act of 1964, as amended, 42 U.S.C. §§ 2000e, *et seq.*, for employment discrimination on the basis of race, color, religion, gender, or national origin.

NOTE: In order to bring suit in federal district court under Title VII, you must first obtain a right-to-sue letter from the Equal Employment Opportunity Commission.

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Age Discrimination in Employment Act of 1967, as amended, 29 U.S.C. §§ 621, *et seq.*, for employment discrimination on the basis of age (age 40 or older).

NOTE: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file charges with the Equal Employment Opportunity Commission.



Americans with Disabilities Act of 1990, as amended, 42 U.S.C. §§ 12101, *et seq.*, for employment discrimination on the basis of disability.

NOTE: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a right-to-sue letter from the Equal Employment Opportunity Commission.

X

Rehabilitation Act of 1973, as amended, 29 U.S.C. §§ 701, *et seq.*, for employment discrimination on the basis of a disability by an employer which constitutes a program or activity receiving federal financial assistance.

NOTE: *In order to bring suit in federal district court under the Rehabilitation Act of 1973, you must first file charges with the appropriate Equal Employment Office representative or agency.*

X

Other (Describe)

Terminated while on Approved
Family Leave

PARTIES

2. Plaintiff's name: Diana Suzuki-Tyrey

Plaintiff's address: 9413 Theodosia Ave
Street address or P.O. Box

St. Louis, Mo. 63114
City/ County/ State/ Zip Code

314-255-6991
Area code and telephone number

3. Defendant's name: The Rehabilitation Institution of St. Louis

Defendant's address: 4455 Duncan Avenue
Street address or P.O. Box

St. Louis, Mo. 63110
City/County/State/ Zip Code

314-658-3800
Area code and telephone number

NOTE: IF THERE ARE ADDITIONAL PLAINTIFFS OR DEFENDANTS, PLEASE PROVIDE THEIR NAMES, ADDRESSES AND TELEPHONE NUMBERS ON A SEPARATE SHEET OF PAPER.

6-6-2023

2

EnCompass Health
9001 Liberty Pkway
Birmingham, AL
35242

3

Healthcare
President

BJC Health
One Barnes-Jewish Plaza
St. Louis, MO
63110

4. If you are claiming that the discriminatory conduct occurred at a different location, please provide the following information:

(Street Address) (City/County) (State) (Zip Code)

5. When did the discrimination occur? Please give the date or time period:

Approved FMLA Starting 2018 Return to work or get fired
terminated while on FMLA. August 26 2021

ADMINISTRATIVE PROCEDURES

6. Did you file a charge of discrimination against the defendant(s) with the Missouri

Commission on Human Rights?

☒ Yes Date filed: _____
☐ No

7. Did you file a charge of discrimination against the defendant(s) with the Equal

Employment Opportunity Commission or other federal agency?

☒ Yes Date filed: _____
☐ No

8. Have you received a Notice of Right-to-Sue Letter?

☒ Yes ☐ No

If yes, please attach a copy of the letter to this complaint.

9. If you are claiming age discrimination, check one of the following:

_____ 60 days or more have passed since I filed my charge of age discrimination with the

Equal Employment Opportunity Commission.

_____ fewer than 60 days have passed since I filed my charge of age discrimination with the

Equal Employment Opportunity Commission.

NATURE OF THE CASE

10. The conduct complained of in this lawsuit involves (check only those that apply):

☐ failure to hire me

☒ termination of my employment

☒ failure to promote me

☐ failure to accommodate my disability

☒ terms and conditions of my employment differ from those of similar employees

☒ retaliation

☒ harassment

☒ other conduct (specify):

failure to grant FMLA for terminal ill
parent. Parent died non Covid-19 -
related (12 weeks)
BJC Health

Did you complain about this same conduct in your charge of discrimination?

☒ Yes

☐ No

11. I believe that I was discriminated against because of my (check all that apply):



race



religion



national origin



color



gender



disability



age (birth year is: _____)



other:

FMLA

Did you state the same reason(s) in your charge of discrimination?



Yes



No

12. State here, as briefly and clearly as possible, the essential facts of your claim.

Describe specifically the conduct that you believe is discriminatory and describe how each defendant is involved in the conduct. Take time to organize your statement; you may use numbered paragraphs if you find it helpful. It is not necessary to make legal arguments, or to cite cases or statutes.

EEOC = Right to Sue package

BJC = Naomi Suzuki = Not granted FMLA

to take care of her (12 weeks)

Arrival BJT Emergency room Diagnosed:
Foreign object in trach (Not evaluated) sent to
MOBA asked physician to stay with patient:
Legal POA of patient denied by charge nurse
Sent away. Patient sent to Kindred:
after discharged.

(Continue to page 6, if additional space is needed.)

Physician, states Cancer all over the
body: incorrect H&P, Patient was Never
diagnosed. I commute to work from
Jackson, Mo caring for my mother
for sixteen and half days. until

she died of morphine overdose.

I billed Medicare every day for TRISL. Except the day she died. Her autopsy states NO Cancer. Death certificate.

Only states overdose. I should of had 12 weeks of approved FMLA to take care of her properly. Covid-19 or no Covid-19.

My Coworkers knew more about ^(the clerk) my personal business than I did. She informed me on August 1st around a month before the company terminated me. I paid long term & short term benefits for ALL the time I worked as a full time employee. I did everything and more than what was asked of me. The Hims Department also covered front desk Receptionist, during Covid-19 I carried a letter (Attach additional sheets as necessary). essential worker. Going to work when the rest of the world was shut down. I was working. Full and taking care of myself sick.

13. The acts set forth in paragraph 12 of this complaint:

☐ are still being committed by the defendant.

☐ are no longer being committed by the defendant.

☒ may still be being committed by the defendant.

REQUEST FOR RELIEF

State briefly and exactly what you want the Court to do for you. Make no legal arguments;

cite no cases or statutes.

The plaintiff is seeking damages for emotional distress, humiliation damages to her professional Reputation, loss wages, benefits, medical expenses, attorney fees, court costs, interest and other Relief the court deems properly appropriate since the complications of diabetes surgery (2018) recommended by the referral of physician. Approved FMLA termination from employment. Losses Future unknown medical procedures.

14. Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule

Deana Suzuki-Tyler, R.H.I.T.

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this _____ day of _____, 20____.

Signature of Plaintiff

Diana Suzuki Tye